



200 Route 94, Vernon Township, New Jersey 07462
mountaincreek.com

Ski Program Registration

Mountain Creek Resort Adaptive Sports Program at Mountain Creek

Skier Application

Today's Date _____ / _____ / _____

I am a Military Veteran

Name
 Last _____ First _____ Initial _____

Address
 Street _____
 City _____ State _____ Zip _____

Contact Info
 Primary Phone Number _____ Home Cell Work
 Alternate Phone Number _____ Home Cell Work

email Address Print Clearly!
 email _____

Gender Male Female
 Date of Birth _____ Age _____

Emergency Contact
 Name _____ Primary Phone Number _____ Alternate Phone Number _____
 Home Cell Work

Disability
 SCI CVA/Head Injury
 Cerebral Palsy Blind/Visual
 Amputee Other _____
 MS

Height/Weight
 Height _____ Weight _____

Parent/Guardian
 (if under 18)
 Does the participant have a legal guardian or legal representative? Yes No
 If the answer is YES, the participant's legal guardian or legal representative must sign the waiver & release of liability agreement on behalf of the participant (on reverse of this page).
 Parent/Guardian Name & Phone _____ Primary Phone Number _____ Alternate Phone Number _____
 Home Cell Work

(Please Fill out Reverse)

____/____/____
Today's Date

Disability Evaluation

Adaptive Sports Program at Mountain Creek

Name _____
Last First Initial

Age _____
Date of Birth Male Female _____
Date of Injury/Onset

Disability

SCI Level _____
 Complete
 Incomplete

Amputee _____

CVA
 R hemi
 L hemi
 Other

CP Type _____
 Hemi _____
 Lower _____
 Upper _____
 Single _____

TBI
 R Hemi _____
 L Hemi _____
 Other _____
Cognition _____ Describe _____

Visual
 Total
 Partial

Other Disabilities or _____
Additional Comments: _____

Seizures Yes Grand Mal Controlling Med: _____
 No Petit Mal _____

Date Last Seizure _____

Medications _____

Physician _____
Name Phone _____

Disability Evaluation

Initial Assessment & Lesson

Use this page for first lesson of season.

Alerts & Cautions

Date: _____

Student Name: _____

Evaluators: _____

Capacity

- **Physical:** strength, balance, stance, gait...
- **Attitude:** motivated, fearful, happy, oppos...
- **Intellectual:** awareness, language, memory...
- Other Observations

Details

Describe what is impacted.

Lesson Input

Instructors: Primary _____ Secondaries _____

Lesson Goals

Today _____

Longterm: _____

Today's lesson goals achieved? Yes No Partial _____

Starting Skill Level: 1 2 3 4 5 6 7 8 9

Equipment

Equipment: Owns Rents

Mono Ski Bi-Ski:

model _____ # _____

color _____ snow ski: _____

Outriggers # _____

Rentals #/size _____

Ski Bra type _____

Tether _____

Details

Describe settings, modifications, seating adj., issues, & other pertinent information helpful to lessons.

Lesson Outcomes

Progression (worked on today)

- Equipment/Flatland Drills
- Gliding Wedge
- Wedge Turn - 1 Direction
- Linked Turns (circle):
Wedge/W. Christie/Open Parallel/Parallel

Skills (worked on today)

- Balance
- Rotary Movements
- Edge Control
- Pressure Control

Chairlift Load/Unload

- Assist Independent

Environment

Snow Conditions _____

Trails/# Runs _____

Skier Level 1 2 3 4 5 6 7 8 9

Duration _____

Details

What you did out there.

Progression & Skill Development (focus on teaching, teaching adaptations, tricks, etc.).

Next time (things to try, what needs reinforcement, what can be progressed, things to be aware of).

